



Application No. (if known): 10/812,797

Attorney Docket No.: 2055M(204231)

Certificate of Express Mailing Under 37 CFR 1.10

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on December 22, 2006
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Alyson J. Lucas

Typed or printed name of person signing Certificate

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Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Letter (1 page)

Response to Restriction Requirement (without Traverse) (5 pages)

Petition for Extension of Time (2 pages)

Deposit Account to be charged \$225.00

Postcard



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/812,797-Conf. #4501
		Filing Date	March 30, 2004
		First Named Inventor	Choong-Chin Liew
		Art Unit	1634
		Examiner Name	J. C. Switzer
Total Number of Pages in This Submission		Attorney Docket Number	2055M(204231)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks Postcard Certificate of Express Mailing (1 page) Deposit Account to be charged \$225.00 for Two Month Extension		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Kathleen Williams		
Date	December 22, 2006	Reg. No.	34,380